

STATE OF NEW JERSEY REQUEST FOR WAIVER OF ADVERTISING

DEPARTMENT OF THE TREASURY • DIVISION OF PURCHASE AND PROPERTY

INSTRUCTIONS: Complete and answer ALL ITEMS 1 thru 15 or write "Not Applicable". See reverse side for statutory citations and refer to current waiver procurement circular for detailed instructions.



Agency Ref. No.:	
(FOR PURCHASE BUREAU USE ONLY)	
Waiver No.:	Category:
Document No.:	

PART I—MUST BE COMPLETED BY REQUESTING AGENCY

1. Using Agency (Include Department)		2. Agency Contact		3. Telephone No.:									
				Fax No.:									
4. Recommended Vendor (Name and Address)		5. Statutory Citation(s)		6. Date Item/Service Needed									
		N.J.S.A. 52:34 _____											
Vendor No.: _____ (If more than one vendor, check here <input type="checkbox"/> and attach list)		7. Funding Source		8. Total Amount Requested: \$ _____									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Fiscal Yr.</td> <td style="width: 25%;">State</td> <td style="width: 25%;">Fed.</td> <td style="width: 25%;">Other</td> </tr> <tr> <td style="height: 40px;"></td> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> <td style="text-align: center;">%</td> </tr> </table>				Fiscal Yr.	State	Fed.	Other		%	%	%
		Fiscal Yr.	State			Fed.	Other						
	%	%	%										
9. Provide a brief, concise summary of nature and purpose of waiver.													
<input type="checkbox"/> Check here if continued on separate sheet.													
10. Explain what attempts were made to obtain competition. "N/A" is not acceptable. Attach all proposals, price quotations, etc. received.													
<input type="checkbox"/> Check here if continued on separate sheet.													
11. What are the program consequences of not meeting the delivery date given in Item 6 above? (Support with documentation)													
<input type="checkbox"/> Check here if continued on separate sheet.													
▼ Answer Questions 12, 13 and 14 by checking proper column at right.		YES	N/A	15. DEPARTMENT CERTIFICATION: <i>I certify to the accuracy of the above statements and to the following as indicated:</i> <input type="checkbox"/> This is not a confirming waiver. <input type="checkbox"/> This is an authorized confirming waiver. My signature certifies receipt of all or part of the item/service and that the prices charged were reasonable. <input type="checkbox"/> This is an unauthorized confirming waiver. <div style="display: flex; justify-content: space-between;"> _____ (Signature of Department Head) _____ (Date) </div>									
12. If required under Circular No. 98-14-OMB/DPP/OTS, have the following approvals been sought: (a) OMB for professional services; (b) OIT for consultant services and approval of Telecommunications, Information Technology Consultant Services, equipment and software?													
13. Is a vendor proposal(s) attached detailing the scope of work or item description, including an explanation of rates/prices and terms and conditions?													
14. Is the Justification Statement, required by the current Waiver Procurement Circular, explaining the circumstances of emergency biddability, compatibility, more favorable terms and/or market conditions necessitating this waiver attached?													

PART II—TO BE COMPLETED BY DIVISION OF PURCHASE AND PROPERTY

A. Are the goods or services to be purchased available under an existing State Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the prices reasonable compared to other contracts for similar goods or services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are there any formal complaints on file against the vendor(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give status of complaint(s)) Are terms and conditions attached to the proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No		OIT APPROVAL: _____ (Signature of OIT Representative)		OMB APPROVAL LETTER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CERTIFICATIONS	Citation(s): N.J.S.A. 52:34 _____	Competition sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Competition Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Disclosure: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Business Registration Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Affirmative Action Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No	McBride Principle <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Not To Exceed: \$ _____	
	Certified By: _____ <div style="display: flex; justify-content: space-between;"> (Unit Supervisor) (Date) </div>				
	B. Recommendations for Approval 1. _____ <div style="display: flex; justify-content: space-between;"> (Purchase Bureau Supervisor) (Date) </div> 2. _____ <div style="display: flex; justify-content: space-between;"> (Director—Div. Purchase & Property) (Date) </div>				
C. Legal: This Waiver is approved as to legal sufficiency. _____ (Deputy Attorney General)					_____ (Date)
D. Approved by State Treasurer					_____ Date